

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/811,826
Filing Date::	03/30/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1655
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	ANTI-INFLAMMATORY COMPOSITIONS FOR MULTIPLE SCLEROSIS
Attorney Docket Number::	2003133.00126US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Petition included?::	Yes

Petition Type:: PETITION TO ACCEPT AN  
UNINTENTIONALLY DELAYED PRIORITY  
CLAIM PURSUANT TO 37 C.F.R. SECTION  
1.78

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Greece

Status:: Full Capacity

Given Name:: Theoharis

Middle Name:: C.

Family Name:: THEOHARIDES

Name Suffix::

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 14 Parkman Street, #2

City of mailing address:: Brookline

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02446

### **Correspondence Information**

Correspondence Customer Number:: 23483

### **Representative Information**

Representative Customer Number:: 23483

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/771669	01/30/01
09/771669	Continuation-in-part of	09/056707	04/08/98

### **Foreign Priority Information**

### **Assignee Information**

Assignee name:: Theta Biomedical Consulting & Development  
Co., Inc

Street of mailing address:: 14 Parkman Street, #2

City of mailing address:: Brookline

State or Province of mailing address:: MA

State or Province of mailing address::

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02446

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.			
Signature	/David Giordano/	Date	April 7, 2010
Name (Print/Type)	David Giordano	Registration No. (Attorney/Agent)	64,480